

30-32 (1) FORM NUMBER

33 (2) VERSION

40 (518) SEQUENCE

RECEIPT OF ALERT LEVEL FROM CENTRAL LABORATORY

To be completed upon receipt of abnormal laboratory test result from the Central Laboratory.

1. SHEP ID: (3) 22-23 (4) 24-27 (5) 28-29	2. Acrostic: (6) 41-46
3. Date of clinic visit: (7) 34-39	4. Sequence #: (8) 47-48
5. Date test result received: (9) 49-54	
6. Date result received by clinician: (10) 55-60	
7. Result (check all that apply)	
a. (11) 61 1 <input type="checkbox"/> Potassium → b. (12) 62-63 <input type="text"/> · <input type="text"/> mEq/l	
c. (13) 64 1 <input type="checkbox"/> Uric acid → d. (14) 65-67 <input type="text"/> · <input type="text"/> mg/dl	
e. (15) 68 1 <input type="checkbox"/> Other → Describe: _____	
8. Signature of person receiving result: _____ (16) 69-70 <input type="text"/> <input type="text"/> Code	
9. Signature of clinician reviewing result: _____ (17) 71-72 <input type="text"/> <input type="text"/> Code	
73 (18) RECORD TYPE	3-8 (514) BATCH DATE
74-79 (19) DATE RECEIVED	11-16 (515) DATE MODIFIED
80-82 (20) UPDATE NUMBER	17-20 (516) TIME MODIFIED
83-88 (21) DATE LAST PORCESSED	21 (517) EDIT STATUS
89 (22) PAPER COPY	